DSS/SETA TRAINING REQUIREMENT REQUEST				
Request subject/topic:	Is request required by regulation and/or policy? If yes, identify.			on and/or policy? If yes,
What problem are you trying to solve?				Date:
REQUESTOR				
Requestor Name:		DSN:		
Email Address:		Phone:		
Stakeholder (OSD/DSS Senior Management) Contact Information (if applicable):				
Customer Contact Information (individual/activity who utilizes SETA products/services):				
Sponsor Contact Information (individual/activity who assists/collaborates in development of SETA products/services) (if applicable):				
Subject Matter Expert Contact Information (if applicable):				
Senior management Mid managers First line supervisors Entry level personnel Journeyman level	Why is product/service needed? Fulfill a training requirement (If so, identify) Required by supervisor Required by participant for professional development Encouraged by agency/company to participate Other			
What is the estimated annual population for this product/service?				
How will this product/service be applied in the workplace?				
What are the performance goals? For example, complete this statement: At the end of this training, the students should be able to				
Other products that currently address this issue:				
Can you provide resources (e.g. money, personnel and requirement related documentation)?				
Additional information/Support POC:			Time requirement:	

Submit by: Email security.awareness@dss.mil or Fax (410) 865-3159